

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/25/274

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		2				
19		2				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		1				
33		2				
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		2				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		2				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		2				
58		1				
59		1				
60		1				
61		1				
62		1				
63	1					
64		1				
65		2				
66		2				
67	1					
68		1				
69		2				
70						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.		78				
TOTAL CLAIMS	80					